

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21056

1. PLACE OF DEATH

County Barton
Township Southwest
City Minden (No. 1)

Registration District No. 42
Primary Registration District No. 4026

File No. 2
Registered No. 2
St. 0 Ward 0

2. FULL NAME

Francis Marion Zinn
(a) Residence, No. 0 St. 0 Ward 0
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Zinn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 - 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mining
10. Date deceased last worked at this occupation (month and year) 9/10 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Kansas

13. NAME John Zinn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Sarah Keaton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Howard Zinn
(ADDRESS) Mulberry - Kansas

18. BURIAL, CREMATION, OR REMOVAL Mulberry Mo
PLACE Rosebank DATE Jan 15 '41

19. UNDERTAKER Smith Funeral Home
(ADDRESS) Mulberry - Mo

20. FILED 1/15 41 Des Moines
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1941

22. I HEREBY CERTIFY, That I attended deceased from 12/14/1940 to 1/13/1941
I last saw him alive on 1/12, 1941 Death is said to have occurred on the date stated above, at 9-a.m.
The principal cause of death and related causes of importance were as follows:

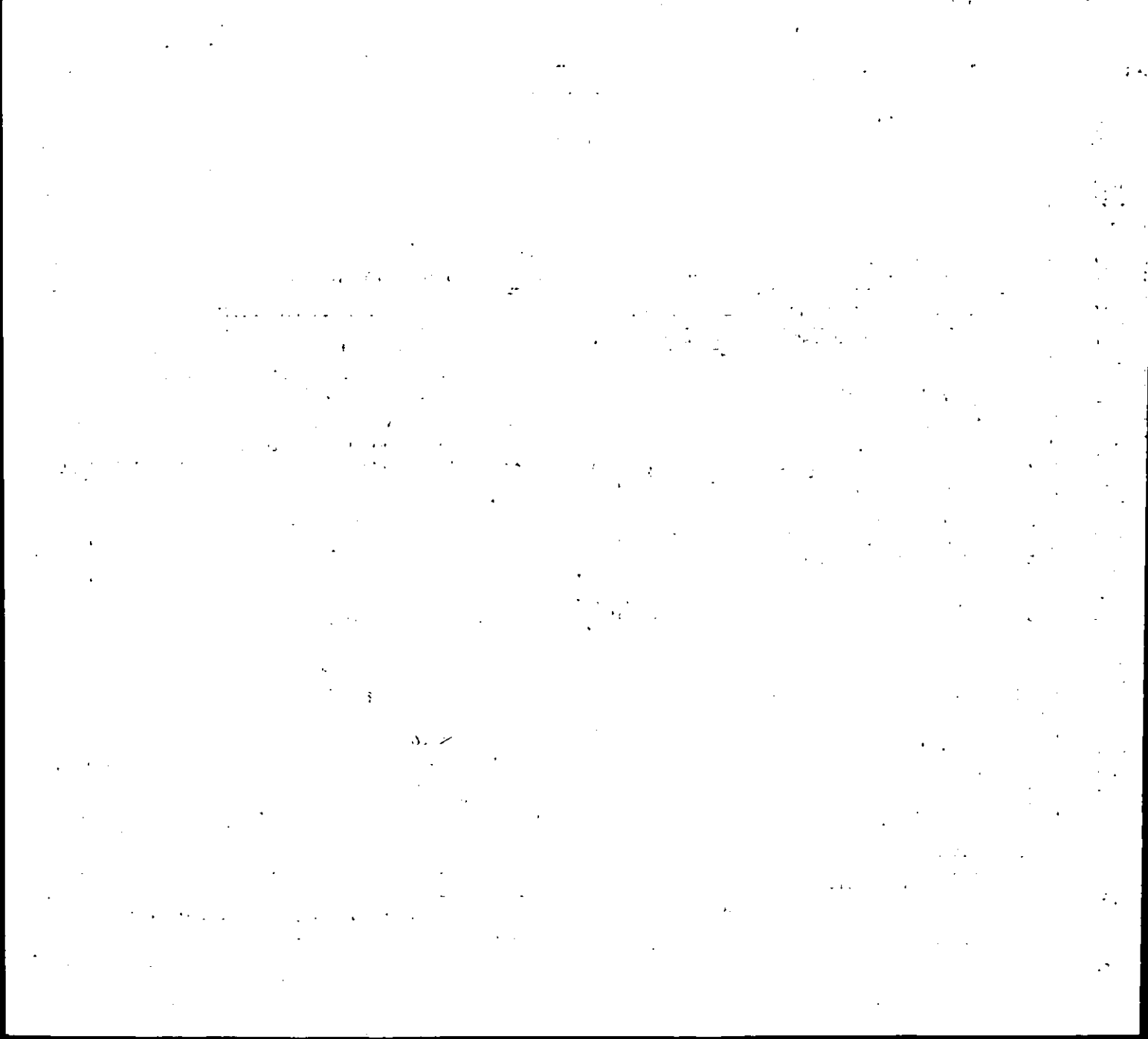
Chronic
Hepatitis
Other contributory causes of importance: 12/1
Date of onset

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1941
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None (Signed) Des Moines M. D.
(Address) Minden



MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21056

Registration District No. 42

Primary Registration District No. 1026

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Munden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Francis Marion Jones

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex m

5. Color or
race w

6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive year

7. Birth date of deceased
(Month) (Day) (Year)

8. AGE:

Years 76 Months 10 Days 18

If less than one day
hr. min.

9. Birthplace
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace
(City, town, or county) (State or foreign country)

14. Maiden name
(City, town, or county) (State or foreign country)

15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 8/10/41 (Date received local registrar)

(b) Geo. P. Gish (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barton
(c) City or town Munden (If outside city or town limits, write "RURAL")
(d) Street No. m (If rural, give location)
(e) Citizen of foreign country no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Aug day 13
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that last saw him alive on 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Geo. P. Gish (M. D. or other)
Address Munden, Barton Co. Mo Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

